

C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

February 1, 2007



Lin Dee Hokanson Idaho Falls Recovery Center 1957 East 17th Street Idaho Falls, ID 83404

Dear Mr. Hokanson:

This is to advise you of the findings of the Medicaid/Medicare Licensure survey of Idaho Falls Recovery Center, which was concluded on January 23, 2007.

Enclosed is a Statement of Deficiencies/Plan of Correction form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

- 1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for <u>all</u> individuals potentially impacted by the deficient practice.
- 2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
- 3. Identify the date each deficiency has been, or will be, corrected.
- 4. Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by February 14, 2007, and keep a copy for your records.

Idaho Falls Recovery Center February 1, 2007 Page 2 of 2

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely, Lenny Salow Ru

PENNY SALOW Health Facility Surveyor Non-Long Term Care SYLVIA CRESWELL

Supervisor

Non-Long Term Care

SC/mlw

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/30/2007 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
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		130062				01/23	3/2007	
NAME OF PROVIDER OR SUPPLIER IDAHO FALLS RECOVERY CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1957 EAST 17TH STREET IDAHO FALLS, ID 83404				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE AT CROSS-REFERENCED T		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	E ACTION SHOULD BE COMPLETION DATE		
A 000	INITIAL COMMENTS		A 000					
	recertification surve Recovery Center is requirements of 42 Participation for ho conducting the Med were:	re cited during the Medicare ey of your hospital. Idaho Falls in compliance with the CFR 482, Conditions of spitals. The surveyors dicare recertification survey , H.F.S., Team Leader os, R.N., H.F.S.						

					REC	EIVED		
					FEB (5 2007		
					FACILITY S	STANDARDS		
LABORATOR	I Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE		TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 01/23/2007 130062 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1957 EAST 17TH STREET **IDAHO FALLS RECOVERY CENTER** IDAHO FALLS, ID 83404 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) B 000 B 000 Initial Comments The following deficiencies were cited during the State licensure survey of your hospital. the surveyors conducting the State licensure survey were: Penny Salow, R.N., H.F.S., Team Leader Rae Jean McPhillips, R.N., H.F.S. BB224 16.03.14.330.04 Policies and Procedures BB224 04. Policies and Procedures. Written policies and procedures shall be developed by the pharmacy and therapeutics committee or its equivalent to govern the pharmaceutical services provided by the hospital. (10-14-88) a. Policies and procedures shall be reviewed revised and amended as necessary, and dated to indicate= the time of last review. (10-14-88) b. Written policies and procedures that are essential for patient safety, and for the control and accountability of drugs, shall be in accordance with acceptable professional practices and applicable federal, state and local laws. (10-14-88) c. Policies and procedures shall include, but are RECEIVED not limited to the following: (10-14-88) FEB 1 5 2007 i. There shall be a drug recall procedure that can be readily implemented; and (10-14-88) FACILITY STANDARDS ii. All medications not specifically prescribed as to time or number of doses shall be controlled by automatic stop orders or other methods; and (10-14-88)iii. Drugs shall be dispensed and administered Bureau of Facility Standards TITLE (X6) DATE Manette Huslen, RN

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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FORM APPROVED Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B, WING 01/23/2007 130062 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1957 EAST 17TH STREET **IDAHO FALLS RECOVERY CENTER** IDAHO FALLS, ID 83404 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) BB224 BB224 Continued From page 1 only upon written or verbal order of a member of the medical staff authorized to prescribe. Verbal orders for drugs shall be given only to those health care practitioners empowered to accept orders under Idaho law and written hospital policies and procedures. Verbal or telephone orders shall be signed by the prescriber within twenty-four (24) hours. The person accepting the verbal or telephone orders shall meet the procedures set forth in Subsection 250.10; and (12-31-91)iv. If patients bring their own drugs into the hospital, these drugs shall not be administered unless they are identified by the pharmacist and a physician's order is written to administer these specific drugs. If the drug(s) that the patient brought to the hospital is (are) not to be used while he is hospitalized, it (they) shall be packaged, sealed, stored, and returned to the patient at the time of discharge; and (10-14-88) v. Self-administration of medications by patients shall not be permitted unless specifically ordered by the physician; and (10-14-88) vi. Investigational drugs shall be used only under the supervision of the principal investigator and after approval for use by the pharmacy and therapeutics committee: and (10-14-88) vii. Acts of drug compounding, packaging, labeling, and dispensing, shall be restricted to the pharmacist or to his designee under supervision;

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and (10-14-88)

viii. The labeling of drugs and biologicals shall be

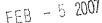
based on currently accepted professional principles, applicable federal, state, and local laws, and include the appropriate accessory and

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Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 01/23/2007 130062 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1957 EAST 17TH STREET **IDAHO FALLS RECOVERY CENTER** IDAHO FALLS, ID 83404 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) BB224 BB224 Continued From page 2 cautionary instructions, as well as the expiration date when applicable. Only the pharmacist or authorized pharmacy personnel under the supervision of the pharmacist shall make labeling changes; and (10-14-88) ix. Discontinued drugs, outdated drugs, or containers with worn, illegible, or missing labels shall be returned to the pharmacy for proper disposition; and (10-14-88) x. Only approved drugs and biologicals shall be used. (See definition.) A list or formulary of approved drugs shall be maintained in the hospital. (10-14-88) This Rule is not met as evidenced by: Based on observation, policy review and staff interview, it was determined the hospital failed to ensure outdated drugs were removed from the pharmacy and not available for patient use. The findings include: ne: Pharmacul March 2017 1. During a tour of the pharmacy on 1/22/07 at 2:30 PM, three outdated medications were found. P. Pharmacist will routine The medications and their expiration dates were to the Recovery Centeral as follows: peauning of * Furosemide 2 mg. (1 multidose vial) - 12/1/06 * Levaguin 750 mg. intravenous piggyback -12/1/06 * Potassium Chloride 600 mg. tablets - 6/06 2. The Registered Nurse, present at the time of the observation, stated pharmacy services were provided by pharmacists from a local pharmacy. She stated the pharmacist routinely came to the hospital at 6 PM every day there were patients in the hospital. She stated the pharmacist was responsible for medication storage and he

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